

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

6/9/05

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>1/13/05</u>		2 Serial/Patent # <u>10/518350</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input checked="" type="checkbox"/> Assignment			\$
<input checked="" type="checkbox"/> Other <u>Declaration</u>			\$ <u>130</u>
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>130</u>	
		8 TO BE REFUNDED BY: <u>(11)</u>	
		Treasury Check	
9 REASON:		Credit Deposit A/C #:	
<input checked="" type="checkbox"/> Overpayment		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 9 -- </div> <div style="display: flex; justify-content: space-between;"> </div> </div>	
<input type="checkbox"/> Duplicate Payment			
<input type="checkbox"/> No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Examiner</u>	
SIGNATURE: <u>Rita White</u>		PHONE: <u>7308-9140 ext 23</u>	
OFFICE: <u>DO/EO</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: